Request for Continued Examination (RCE) Transmittal

Address to:
Mail Stop RCE
Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application No.	10/635,402
Confirmation No.	1210
Filing Date	August 6, 2003
First Named Inventor	Ahn
Group Art Unit	1616
Examiner Name	Soroush, Ali
Attorney Docket No.	220318

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

1.	Submission required under 37 CFR 1.114										
	a. Previously submitted										
		i.	Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on								
			(Any unentered amendment(s) referred to above will be entered.)								
		ii.		r the arg	juments in th	ne Appeal E	Brief or R	eply Brief prev	iously file	ed on	
		iii.	Other:								
	b.	\boxtimes	Enclosed								
		i.					iv.				
		ii.	Affidavit	s)/Decla	aration(s)		V.			ces listed in For and applications)	m PTO-1449
		iii.		ion Disc	losure State	ment (IDS)	vi.	Other:	J.O. patent	s and applications)	
2.											
				of action	on the abov	e-identifie	d applicat	ion is requeste	ed under	37 CFR 1.103(c	c) for a period
			•					onths; fee under 3			,
	b.	П	Applicant cla	•	•						
	C.		Other:								
3.	Fee	- 29	The RCF fee	under 3	7 CFR 1 17(e) is requir	ed by 37	CFR 1.114 wh	en the R	CE is filed.	
0.	a.							otal amount in			
	u.	i.						37 CFR 1.17(0.011.	\$405.00
		i. II.			•	• •		OFR 1.136 and 1.1	•		\$245.00
		iii.					•			erefor of	Ψ2-10.00
		iii. An extension for has already been secured and the fee paid therefor of \$ 0.00 is deducted from the total fee due for the total amount of extension now									
		\$ 0.00 is deducted from the total fee due for the total amount of extension now requested.									
		iv.	•		dension of ti	me (includi	ing the pe	eriod noted abo	ove if ch	ecked), as	
								nder the prese			
								the appropriat			
		V.		_	ction fee of				•		\$ 0.00
		vi.	Other:			•		.,,			
		vii.	☐ Claim fe	е							
			CLAIMS		HIGHEST						
			REMAINING		Number	EXTRA		Add'l		ADD'L	
C. A	лм Е		AFTER		PREVIOUSLY PAID FOR	CLAIMS PRESENT	RATE	CLAIM FEE	RATE	CLAIM FEE	
		EE	AMENDMENT	NAU III	73	= EKESENI	x 26 =	\$0.00	x 52 =	1 EC	
Tot			21	MINUS			-				
IND	EPEN	IDEN.		Minus	5	=	x 110 =	\$0.00		* * * * * * * * * * * * * * * * * * * *	
	FIRST PRESENTATION OF MULTIPLE CLAIM + 195 = \$0.00 + 390 =						4050.55				
						\$650.00					
	b. The Commissioner is hereby authorized to charge any deficiencies in the above fees or to										
	credit any overpayments to Deposit Account No. 12-1216.										

In re Application of Ahn Application No. 10/635,402

REQUEST FOR CONTINUED EXAMINATION TRANSMITTAL (continued)

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED									
Name (Print/Type)	Caryn Borg-Breen	Registration No. (Attorney/Agent)	52,637						
Signature	aupfngsicen	Date	March 30, 2009						
Address	Leydig, Voit & Mayer, Ltd. Two Prudential Plaza, Suite 4900 180 North Stetson Avenue Chicago, Illinois 60601-6731	Phone	(312) 616-5600 (telephone) (312) 616-5700 (facsimile)						

RCE TRANSMITTAL (Revised 10/21/2008)